

BEST AVAILABLE COPY

| CLAIMS | | | | | |
|-------------|-------------|------------------------|---------------|--------------------|-----------|
| SERIAL NO. | FILING DATE | | | | |
| | APPLICANTS) | | | | |
| CLAIMS ONLY | | | | | |
| | AS FILED | AFTER 1st AMENDMENT | 2nd AMENDMENT | AFTER IND. DEP. | IND. DEP. |
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